## CHUTES COLZI

## **Adopt-a-Road Permit**

**ROAD DEPARTMENT** 

ORGANIZATION:	PHONE:
ADDRESS:	
SPOKESPERSON:	CITY STATE ZIP PHONE:
ADDRESS:	
EMAIL: (REQUIRED)  NAME TO BE USED ON SIGN:  ROAD NAME:  FROM:  ***********************************	ROAD #  ***********************************
TITLE: D/	DATE:
For Official Use Only: This permit is issued and accepted by the Deschutes County Road Department, subject to the terms, provisions and requirements contained herein.  APPROVED BY:	
TITLE: COUNTY ENGINEER DATE: DATE:	

 $<sup>^{*}</sup>$  To request this information in an alternate format, please call (541) 388-6581 or send an email to road@deschutes.org